

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VII.

LOUISVILLE, APRIL 5, 1879.

No. 14.

B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE HEALTH BOARD OF LOUISVILLE.

A Chapter in Municipal Affairs.

It was an unfortunate night for Louisville when its council appointed what it was pleased to call a board of health. If there was a vital question before the citizens of this community, it was the appointment of a health board which would command confidence and respect. This one is entitled to neither. Here is the way the matter stands. One hundred and twenty-two physicians, representing nine tenths of the respectability of the profession in the city, presented a nominee, a life-long citizen, of a family which in three generations have stood foremost in the medical profession of this place, known to every body, cultivated in sanitary science, independent, respected by his whole fraternity. They indorsed him as one "having their entire confidence," and promised him their "heartiest support in all measures for the public health." With a fervor and industry seldom exhibited, they endeavored to secure his election, and they ignominiously failed. It is a splendid commentary on this municipal government at least. A gentleman was selected for the place who is almost a stranger in the city, hardly known to a dozen doctors, and perhaps to twice that many citizens. *Per contra*, he is equally unacquainted with the streets of the city over whose healthfulness he is to watch. If he is any way distinguished in sanitary matters, fame still owes him a debt. And why is it that Dr. Galt

was rejected and Dr. Montgomery put in charge? A canvass of the situation reveals an extraordinary state of affairs. It shows that the officer was settled upon before the office was created, and pledges secured by the mayor for his election before the public was made aware that a new board of health was to be established. It is the general belief that there was a power behind the throne which moved the mayor to this extraordinary action, and the following circumstances deepen this conviction. Dr. Montgomery's brother is a state senator from an interior county, through which runs the Louisville, Nashville & Great Southern Railroad. It is said he is the commissioner for that road in his county, and votes the stock thereof; and he votes it rightly if he does so for the present president, whose executive ability no one denies. Dr. Montgomery was supported by the Nashville road; and while he was unknown to the members of the council, the president of the Nashville road, his untiring and powerful backer, apparently carried that body in his capacious pocket. Twenty-three out of the thirty-six men who composed these guardians shamelessly recorded their votes against the plain interests of the city over which they were called to preside.

A health officer of Louisville has not generally attracted much attention. Nature has heretofore been able to cope with the most submissive of councils. With its high elevation, broad streets, open lots, good sewerage, and rushing river, it was hard to make it any thing but the most healthful of cities. Against epidemics it was supposed to be

impregnable. But nature seems to have changed her ways of late. Whatever was the nature of the malady which attacked our southern suburb (next to the Nashville depôt) last September, it was a deadly malady. It cost us many lives and much money. If there is any thing in sanitary science, we shall need it hereafter.

Certainly the doctors can stand sickness if any one can; nor is the average citizen much agitated over so vague a matter as the public health; but an epidemic strikes deeper than at comfort or life—it strikes at money. It may be all very well, while these cool March winds are blowing, to forget last summer; but another summer will be here soon, and with it rumors of the plague. And rumors of the plague, we have known to our cost, mean idle workshops and empty hotels and goods without buyers. They mean successful Cincinnati and thumb-sucking Louisville.

Possibly one hundred and twenty-two physicians may not be competent against an independent and unprejudiced council to give judgment in a matter concerning health and disease, and suggest a proper board of health for the city; but we take it that it will be hard to find many outside of the twenty-three who have recorded their votes in this way—that the Nashville Railroad, just about this time, is the proper arbiter in such a matter. It is a beautiful road; brings large wealth to the city, no doubt; ramifies, with its thousand miles or so of track, throughout the Mississippi Valley; touches at Memphis, Grenada, Holly Springs, and other interesting spots. We have expressed ourselves too often against land quarantine to believe that it is ever likely to be effectual; but the majority of profession and people is against us in this question, and a bare possibility may arise that quarantine may some time be proposed against the Nashville road. We should appreciate, then, the highly scientific dictum of the untrammelled health officer of Louisville that such measure was not required;

and the outside world which has any thought of Louisville would appreciate it likewise.

It is possible, perhaps, for a health officer to discharge his duties singly, without aid from his professional brethren, and without the confidence of the people, who are ignorant, of course, of scientific matters; but we take it that the support of a hundred or so physicians in matters of this sort is a good thing to have, and the non-professional world is apt to be inclined in its opinion by that of its old-time advisers. We do not believe that any respectable doctor of the city of Louisville will accept a position upon the staff of the health officer provided for by the ordinance. The complement of six was filled by the council, to be sure, on the night they elected the chief; but of course these physicians owe it to their own self-respect to decline a position which under the present state of the case is so insulting. We shall wait at any rate until they have had time to do so before any further remarks upon this point, and we hope that in the meanwhile general professional opinion will wait also.

We appeal to the citizens of Louisville to move in this matter. It is not a question as to who is to doctor their criminals or paupers, in which affairs there is little public concern, but who is to take charge of matters directly pertaining to their own health and commercial prosperity. The present board of health is not entitled to the confidence and respect of the community, and its infliction upon the people is simply an outrage. We would be far more secure with no board at all. The ordinary provision for sanitary affairs which has heretofore prevailed would be just as efficient as that promised by the present board, and it would be free from the charge of interest. It is not too late to remedy the matter. Let an inquiry be made into the nature of the "pledges" which secured this extraordinary election, and the truth of our charges tested. Let the matter be discussed thoroughly, and

we are certain that enough indignation may be aroused to cause at least a repeal of the ordinance which established the board of health. We are not without hope that there are enough independent men in the majority which elected the present health officer to feel the popular sentiment if it comes in an unmistakable way, and to undo the mischief they have caused. They have discharged their "pledges" in electing a stranger. They have acknowledged his inefficiency. They have said they were sorry to have been bound up by their word. Let them now discharge their duty by changing the head of the department or, if necessary, by abolishing the office itself. Whatever movement is made in the matter should be done at once. After awhile the fealty of the citizens will be appealed to to bolster up a mistake, and to manufacture a confidence which does not now exist.

A hundred and twenty-two doctors were unable to do any thing, but a thousand merchants, lawyers, and representatives of other interests may do much. At any rate, it is their duty to inquire why the council, which was supposed to be elected in the interests of the people, and why Mr. Baxter, who in every precinct was chosen as the representative of the people, have sacrificed them to the interest of any corporation save that of the city of Louisville.

THE SITUATION.

The foregoing editorial appeared last week as a supplement in the city edition of the NEWS. The affairs to which it refers are, to be sure, in one sense local, but the moral of its story can not be without concern to our readers away from home. Probably the antagonism which exists just now between the physicians of Louisville and the local government may not have its exact counterpart elsewhere, but we know too well the stuff of which municipal councils are generally made not to believe that such antagonism may arise in other American cities. The ex-

perience of Louisville can not therefore be without its value.

It is probable, we say, that we are no better or worse off than our neighbors in a question of this sort. There were eleven out of the thirty-six councilmen who showed by their action that they considered it their first duty to preserve the trust reposed in them, and they stuck manfully to the work. Several others no doubt deeply regretted the false position into which they had been entrapped by foolish "pledges," but some of those opposed to the city's interests were of a class to be easily seduced, and indeed wore the collar of their leaders as a grand ornament, proud of the opportunity to show fealty to the ring. The idea of educated opinion having any thing to do with the matter, or the consideration of any argument that they held their positions for the people who elected them, and not simply for themselves, was as foreign to their minds and consciences as Greek and decency.

The public press with an unanimity co-extensive with the city printing sustains the council in their action. But a single paper, the Evening Post, has had the manliness to condemn it. But, praised be independence, it has done it thoroughly enough for six. We have had the usual flippant remarks about the wrangles of the profession, and a general "freeze out" against any return fire. We have been told to accept the situation, and lend it our aid. But have we not journals of our own in which we may speak? Can we bend our conscience as these people must do? Shall we be so used and say "God save the king!" Not at least of that royalty which sits on beer-kegs and feeds on free lunches.

Out of the six physicians elected to serve with the health officer as his advisory committee, three promptly declined. Dr. Trunnell, Dr. Doherty, and Dr. Larrabee could not lend themselves to a scheme which compromised their professional dignity. Dr. Jenkins, the chemist, is too ill to give any

thought to the matter, Dr. Rademaker and Dr. Gale continue upon the staff. Dr. Rademaker will find his position in variance with his guild a somewhat lonesome one, and we still look for repentance over the step he has taken. Dr. Gale, in a published interview, speaks about the "whims of doctors." We call the attention of one hundred and twenty-one physicians to this remark; and we make this little mention for the hearing of Dr. Gale. He is in the pay of the Louisville & Cincinnati Railway, and his present position is quite in keeping with the constitution of the health board as dictated by railroad interests. This small matter, we imagine, will do much toward detracting from the confidence afforded by his transcendent sanitarian abilities.

The community outside of the interests we have mentioned is almost to a man with the profession in this affair. Never had we a cause so popular. The condemnation of the council's action is heard upon all sides. The weather and present healthfulness of the city temper in a manner the alarm felt at the establishment of an inefficient and unimportant board, but with the rise of the thermometer we shall see what we shall see.

Such is the situation in and around the board of health of Louisville. If any one think we can effect nothing by the discussion in which we have indulged, we are sure he is mistaken. We were in honor bound to put in a protest for the profession, whose organ we are, against the treatment it has received, and to make it plain. As good citizens we were called on to expose a personal government when its action lay in our way. As medical journalists we have recorded matters of interest to physicians, inasmuch as they illustrate extraordinary incidents in the history of the relations between the profession and the public. It is possible that we may fail in changing the board of health for Louisville, but we take it we have pretty well shown what sort of a board it is. And

in so doing we have discharged the duty imposed upon us by the code of ethics, "to be ever vigilant for the welfare of the people," and "to be ever ready to give counsel to the public in relation to matters appertaining to medical police and public hygiene."

ONE word of a personal nature. Against Dr. Montgomery, the health officer, we can not have the slightest animosity. So far as we know of him, indeed, he bears the reputation of being a very estimable gentleman. We see not the slightest wrong in his accepting the best influences he could command to secure his position, and we have no reason to believe that his intentions are not entirely honorable in the future conduct of his office. We trust it is plain that we are after other game than Dr. Montgomery. Our condemnation is of the influences which brought about his election. Of course he knows he had nothing to do with it, and we would have had our suspicions aroused against the usefulness of any one for whom these influences were exerted. If they can be so strenuously and effectually brought to bear on twenty-three men, as has happened, what may they not do on one man if it be necessary, however independent he may esteem himself to be.

And concerning Dr. Galt. Some one writing in the interest of the ring foolishly signed himself "one who signed Dr. Galt's petition." Dr. Galt had no petition. One hundred and twenty-one doctors at least had a petition for Dr. Galt. The cause which was lost was not Dr. Galt's any more than it was that of these gentlemen, and Dr. Galt has nothing to do with this discussion. In fact we happen to know that the agitation of the matter is distasteful to him, and he has expressed to us a desire that it should be discontinued. But Drs. Galt and Montgomery have passed out of our field. We are fighting for a principle with which events have connected them, and we must disregard personal considerations in the matter.

PRESENT YOUR BILLS.

The doctors are almost alone in the custom of giving long credits, and they should get out of it, in justice to themselves and to their patients. Many a bill is lost because it was not presented promptly. It is painful for any one to pay for a thing which is well-nigh forgotten; and besides, when an account runs a long time it may have grown to such an extent as to put it beyond the ability of the debtor to discharge it, while in broken doses it might have been easily managed. There has been no better time than the present to make a change in these matters. The necessities of the times have educated the people to expect frequent settlements of their indebtedness, and the general shrinkage of professional incomes makes it desirable for even the greater practitioners to get quick returns for their work; so concert of action can be confidently expected. Cash payments for services rendered would be the pleasantest of all plans, but it is not always practicable. Monthly statements, however, should be rendered; and certainly the demand should be made for money on quarter-day. We trust that with the beginning of April there will be a grand presentation of professional bills for work done since January (and we fear in too many instances for work done before that time), and the people be made to understand that settlement is expected. It is all nonsense to be "mealy-mouthed" about matters of this sort. No patient whose patronage is worth having can take offense at the doctor for taking care of himself and family. When tailors and milliners and butchers and bakers and candlestick-makers (or, in more modern English, the "gas companies") and landlords and carriage-makers and horse-feeders, in fact all the gentry who supply the doctor with his inexpensive living, adopt the plan of mentioning their little affairs against him semi-occasionally, then can the doctor afford to do likewise with his clientele. In the meanwhile we advise him to follow the fashion of the times, and collect

his dues promptly; and when he does, may we mildly request that as printers and publishers are among those who expect to be paid now and then, he will assist us in this matter to the extent of any little amount he may owe upon the subscription to this journal.

WHEN the member for Palestine rose in the City Council of Louisville, and announced it was his "plashure" to second the nomination of Dr. Montgomery for health officer of the city, no one could fail to discern, through much mushiness, the coming Beaconsfield of the municipality. But when he so touchingly alluded to the fact that Dr. Montgomery "was a member of one of the first families of Kentucky," the thought naturally arose, "why, therefore, should the present inhabitants of Louisville be in the danger of being among the last."

Correspondence.

ERYSIPELAS AND PUERPERAL FEVER.

To the Editors of the Louisville Medical News:

Upon the 4th of December, 1878, A. S. received a serious cut on the thigh. There was no hemorrhage of any consequence, and I proceeded at once to dress the wound. I saw the patient three days afterward, and upon examination found the wound healing nicely. On the 16th I was hurriedly called to see patient, and found him suffering from traumatic erysipelas. Besides local treatment, I prescribed fifteen drops of the tinct. of chloride of iron every three hours. There being evidences of malarial poisoning, I also administered quinine pretty freely. Notwithstanding this treatment, the inflammation continued to spread, and the case terminated fatally in a few days.

I wish to add that my friend Dr. D. J. Stephenson, of Linneus, Mo., saw this case several times in consultation with myself.

In four days from the death of this patient I was summoned to visit Mrs. P., multipara, whom I found in the first stage of labor. On examination I found the os well dilated, and the child presenting in first vertex presentation. I ruptured the mem-

branes, and the case progressed favorably, and she was delivered of a large male child in about two hours. The placenta was speedily expelled, requiring but little manipulation for its removal. On the third day from her confinement I was called again to see her, and found her presenting marked symptoms of puerperal fever, and my diagnosis was accordingly. I gave the opium treatment as recommended by Prof. Flint. On the fifth day from the attack the fever began to abate, and all the symptoms denoted marked improvement; in fact I regarded the case as convalescent. Unfortunately, however, at this juncture pneumonia supervened, and the patient died within a week.

Now, according to my observation, puerperal fever is of rare occurrence in this part of the country; I have encountered but three cases in eight years' practice; and, taking into consideration that this was a natural and easy labor, it seems very probable that in this case the disease was transmitted by infection.

CHAS. VAN WYE.

NORTH SALEM, LINN CO., MO.

[These cases of Dr. Van Wye are of practical interest. A wound is followed by erysipelas, and death ensues. The attendant is called, after four days, to a parturient woman in good condition, the labor normal and speedy. In three days puerperal fever supervenes; this becomes complicated by pneumonia, and death results on the eighth day after delivery. Puerperal fever would seem to have been conveyed in this instance from the wound of the first patient. Sir James Simpson and many other wise and learned obstetricians have held that puerperal fever could be produced from scarlet fever, small-pox, post-mortem examinations, and erysipelas, the poison being conveyed to the parturient woman by the physician or nurse. Sir James Simpson believed that he had in a number of cases thus conveyed the puerperal poison. On the other hand, many wise and learned obstetricians hold views directly opposite. We have but little doubt of the correctness of Sir James Simpson's opinion. Of one thing we are exceedingly confident, and that is that every pregnant woman should be seen from time to time, and should in most cases take iron and quinia in tonic doses; and if the tongue or skin or nervous system, or any other organ or system give evidence of malarial poisoning, the patient should take quinine in antiperiodic doses. Puerperal fever is always associated with impoverished blood, we be-

lieve; and while this may be brought about by improper and insufficient food, or defective digestion or assimilation, or alcohol, we look upon malaria as its chief enabling condition, so to speak. Quinia should be given in free doses, to cinchonism, just preceding confinement; and the patient should continue its use for three to six days or more, in lesser doses, after childbirth. By this means puerperal fever, we believe, may with almost absolute certainty be prevented; and the same is true of cracked nipples (provided, of course, they are carefully dried after each nursing), abscess of the breast, milk-leg, etc.—Eds.]

To the Editors of the Louisville Medical News:

As the Kentucky State Medical Society will not hold its annual session until after the meeting of the American Medical Association, which convenes in Atlanta, May 6th, the president of the State Society, Dr. C. H. Todd, has named the following members as delegates. You will confer a favor by publishing the same in the News.

Drs. H. M. Skillman, Lexington; J. W. Thompson, Paducah; J. A. Hodge, Henderson; J. L. Dis-mukes, Mayfield; Turner Anderson, Louisville; Irvin Keller, Louisville; H. F. McNary, Princeton; R. C. Thomas, Bowling Green; Coleman Rogers, Louisville; P. B. Scott, Louisville; Pinckney Thompson, Henderson; J. M. Meyer, Danville; W. Walling, Louisville; M. F. Coomes, Louisville; Harvey McDowell, Cynthia; J. Hale, Owensboro; K. W. Taylor, Hawesville; I. S. Warren, Danville; A. D. Price, Harrodsburg; C. W. Kelly, Louisville; J. A. Oterlony, Louisville; S. S. Watkins, Owensboro; J. D. Neet, Versailles; H. Brown, Hustonville; Jno. D. Collins, Henderson; J. W. Pritchett, Madisonville; S. J. Rhodes, South Carrollton; J. B. Walker, Scottsville; I. T. Wise, Covington; J. Baker, Shelbyville; R. W. Gaines, Hopkinsville; E. S. Gaillard, Louisville; D. S. Reynolds, Louisville; L. S. McMurtry, Danville; S. P. Craig, Stanford; R. O. Cowling, Louisville; John Goodman, Louisville; D. D. Carter, Versailles; M. E. Poynter, Midway; L. P. Yandell, Louisville; J. M. Holloway, Louisville; L. Beecher Todd, Lexington; W. B. Rodman, Frankfort; W. E. Ryan, Simpsonville; J. W. Singleton, Paducah; W. B. Miller, Calhoun; J. A. Larabee, Louisville; E. R. Palmer, Louisville; A. P. Vance, Louisville; O. D. Todd, Eminence; J. P. Thomas, Pembroke; D. C. Tucker, Danville; J. A. Lewis, Georgetown; C. H. Thomas, Covington; and Jno. Q. A. Stewart, Frankfort.

JAS. H. LETCHER, *Secretary*.

HENDERSON, KY., March 18, 1879.

MALARIAL disease is reported, on official authority, to have decreased in New York since 1872.

Reviews.

Health Primers. New York: D. Appleton & Co., 549 and 551 Broadway. 1879.

No. 1 of this series—Exercise and Training, by C. H. Ralfe, M. D.—we have already noticed and quoted from.

No. 2 is on Alcohol, its Use and Abuse, by W. S. Greenfield, M. D.

A sentence in the preface to this primer, "Nor let it be supposed that because we do not advocate or condemn total abstinence we are to be counted either among its opponents or supporters," would seem to indicate that the author was disposed to carry whisky-and-water, as it were, on both shoulders; but it is evident that he inclines decidedly to teetotalism, which is certainly the safest side. Of beer the essayist says:

A daily excess of beer, as all know, leads to a state of fullness and plethora, and a great accumulation of fat. This is partly due to a check in the proper nutritive changes in the tissues, partly to increased supply of fat-forming substances. The waste products are improperly burnt off, and accumulate in the system, giving rise to gouty and bilious disorders.

The use of beer in moderation answers several purposes besides the action of the alcohol; it supplies substances which are nutrient and fat-forming, and lessens the destruction of fat, and thus increases the weight of the body. The free acids and the bitter extractive matters, which are chiefly derived from the hops, are useful as stomachic tonics, and serve to promote digestion. The salts also assist in nutrition, though in what manner we do not know. In moderation, therefore, beer is undoubtedly useful to many.

We add, only take beer on the advice of a sensible physician.

The pages on Wine contain some nonsense, and no practical information.

Chapter II, Alcohol, is chiefly physiological. The following facts should be remembered by drinkers:

All the alcohol which we drink, after becoming diluted with water, is absorbed by the blood, carried to the liver, thence to the heart, then the lungs, back to the heart again, and is distributed from it to all parts of the body.

... They can take a large quantity of alcohol for some time with little perceptible effect upon the brain. Then comes a time when the power of resistance is gone, and the brain suddenly gives way, delirium tremens, in some of the fiercest and strangest forms, resulting. So that the production of unconsciousness, which is so great a safeguard against dangerous results, can not always be relied upon. We have seen cases of men who showed none of the ordinary signs of excess in drink, or at least so slight as to be almost imperceptible, suddenly burst out into the most violent raving delirium with fury.

If we wrote only for those who, whether rarely

or often, drink to excess, we should waste our labor; for no such advice as we could give, grounded upon general considerations of health, would serve to deter them from indulging their habits. We might paint ruin staring them in the face—ruin of body, mind, and soul—or ply them with exhortations to virtue and temperance; but to show them their state from a scientific point of view would be like putting a tissue-paper barrier to prevent a waterfall; the fragments would soon dance in the eddies. But it is a melancholy fact that a very large number of those who are permanently injured by drinking are of those who rarely or never drink beyond the stage of slight excitement, or even halt before that point. For one man who is injured by being drunk often, there are twenty or more who are more seriously injured by drinking and never approaching the verge of intoxication. A man may drink in such a way as never to feel consciously excited or embarrassed, yet ruin his health, and cut short his days more speedily and surely than the man who is dead drunk every Saturday night.

Does the constant use of alcohol in moderate or not greatly excessive quantity cause moral deterioration? No more important question could be proposed than this, nor easily one more difficult of answer. We believe the true reply to be that whatever quantity causes any temporary loss of moral control does, if repeated, lead to moral deterioration, but that short of this no such result is produced. But we must say that of those who habitually use alcohol, even in what is regarded as moderation, a very large number do from time to time exceed the limit of safety, and weaken moral control.

Health Primer No. 4 is upon Premature Death.

It is shown that forty per cent of human deaths occur by the time the fifth year is complete, and twenty-four per cent perish in infancy. Nine tenths of the race die before their time, and only one individual endures his full allowance of days, which is estimated to be seventy-five years or upward. The supposed causes of premature death, the conditions under which these causes operate, and the means of preventing premature death are clearly set forth.

These primers deserve to be generally read both by the profession and the people.

Transactions of the American Medical Association. Vol. XXIX, 1878.

This volume of Transactions is the largest and altogether the worthiest yet published. It will compare favorably, in all the departments of medicine and surgery, with the proceedings of any foreign national society. The practical character of its contents is especially and commendably noticeable. It is illustrated by handsome colored lithographs and woodcuts. We shall take occasion hereafter to refer to some of the essays. The good Dr. Toner's department is singu-

larly and sadly full. Of the late Dr. L. P. Vandell, sr., Dr. Toner thus writes:

Lunsford Pitts Vandell, M. D., of Louisville, Ky., was born near Hartsville, Sumner County, Tenn., July 4, 1805; died of pneumonia at his residence in Louisville, Ky., February 4, 1878. He was the son of Dr. Wilson and Elizabeth (Pitts) Vandell. The former was born in Mecklenburg, N. C., and was the son of a patriot of the revolution. The latter was the daughter of Lunsford Pitts, Esq., who had removed from the state of Virginia and become a planter in Tennessee. The subject of this notice received his academical education at Murfreesborough, and having an unusual capacity for acquiring knowledge, was at an early age prepared to commence the study of a profession. Having selected medicine, he began the study with his father, and then attended lectures both at Transylvania, Ky., and at the University of Maryland, where he received his M. D. degree in 1825.

Returning home, he practiced for a time with his father, but in 1826 he opened an office in the town of Murfreesborough, where he had enough encouragement to remain, but removed to Nashville in 1830. His abilities had in these few years begun to attract the attention of prominent practitioners and the public in cities of larger population.

In 1831 he was induced to remove to Lexington and accept the Chair of Chemistry in the University of Transylvania. He had for co-professors men of brilliant talents, but his genius, industry, and high moral character made him the equal if not the superior of the foremost among them. The breadth and scope of knowledge possessed by the doctor, as exhibited by his lectures and writings at this period, attracted the attention of the medical profession throughout the country. He was editor and associate editor of the Transylvania Medical Journal and the Western Journal of Medicine and Surgery of Kentucky for six years. In 1837, on the organization of the first medical college in Louisville, "The Louisville Medical Institute," of which he was one of the projectors, he accepted the Chair of Chemistry, and removed to that city. Subsequently he was transferred to the Chair of Physiology and Pathology, and made Dean of the Faculty, and by his assiduity and experienced ability aided to win for the college the success and good name which it has always enjoyed. Professor Vandell was a fluent, magnetic, and agreeable speaker, not only well informed on his subject, but familiar with all the latest views of the best authorities on his theme.

With all his enthusiasm for the acquisition of knowledge he was an attentive, sympathetic, and successful practitioner.

His genius and energy were equal to every duty and undertaking. The fruits of his labors, too, were all first class, commanding not only the respect but the admiration of the most competent judges. He wrote on a great variety of professional and scientific subjects, and in all he showed that he was thoroughly familiar with the questions he discussed. It is even difficult to tell what branch he preferred, but it is evident that he is to be ranked with the best botanists and geologists of our country. He continued writing for the press from a period shortly after he entered the profession to the time of his death. The variety and extent of his subjects are surprising.

He was married in October, 1825, to Susan J., daughter of David Wendell, Esq., of Murfreesborough, by whom he had three sons and one daughter.

His wife died in 1861, after a happy married life of over thirty-five years. . . . In August, 1861, Dr. Vandell married his second wife, Eliza P. Bland, of Virginia, who survives her husband.

He was a member of the Lexington Medical Society; the Medical Society of Tennessee; the Academy of Science of Boston; the Philadelphia Academy of Natural Sciences; the Louisville Medical Society; the Kentucky State Medical Society, of which he had been president; the Louisville College of Physicians and Surgeons; and a member of the American Medical Association, with many honorary memberships in learned societies; also of our International Centennial Medical Congress of 1876, and made a good address on American Medical Literature.

A most admirable eulogy upon Dr. Vandell has been published by his pupil and life-long friend and co-professor, Dr. T. S. Bell, from whom I have drawn largely.

Books and Pamphlets.

DAMIANA IN THE TREATMENT OF GENITO-URINARY AFFECTIONS. By Dr. John J. Caldwell, Baltimore.

The writer recommends the fluid extract of this drug (*Turnera aphrodisiaca*) in spermatorrhea and impotence due to local causes. He gives several cases in testimony of its local tonic properties.

TRICHIASIS AND DISTICHIASIS: Reflections upon their Nature and Pathology, with a Radical Method of Treatment. By Charles E. Michel, M. D., Prof. of Ophthalmology and Histology in the Missouri Medical College. Reprinted from the St. Louis Courier of Medicine.

A CASE OF TINEA TRICOPHYTINA UNGUIUM. By Louis A. Duhring, M. D., Professor of Skin Diseases in the University of Pennsylvania, Dermatologist to the Philadelphia Hospital, etc. Read before the Philadelphia County Medical Society.

ADDRESS OF W. O'DANIEL, M. D., President of the Medical Association of Georgia. Delivered at the Twenty-ninth Annual Meeting. Reprint from the Transactions of the Medical Association of Georgia, 1878.

A CASE OF THE SO-CALLED XERODERMA (OR PARCHMENT SKIN) OF HEBRA. By Louis A. Duhring, M. D., Prof. of Skin Diseases in the University of Pennsylvania, Dermatologist to the Philadelphia Hospital, and Physician to the Dispensary for Skin Diseases. Extracted from the American Journal of the Medical Sciences.

CASE OF AN UNDESCRIBED FORM OF ATROPHY OF THE HAIR OF THE BEARD. By Louis A. Duhring, M. D., Prof. of Skin Diseases in the University of Pennsylvania, Dermatologist to the Philadelphia Hospital, etc. Extracted from the American Journal of the Medical Sciences.

SARATOGA AS A REMEDIAL WATERING-PLACE. By L. E. Whiting, M. D., Saratoga Springs. From the Medical Record, New York.

Miscellany.

A GIANT BABY.—Dr. Beach, of Ohio, reports this case in the Record of March 22d. The father is "Baby Bates," a little Kentuckian who served as a cavalry lieutenant in the Confederate army. He is seven feet seven inches high. His tiny wife, *née* Miss Annie Swan, of Nova Scotia, stands seven feet nine inches. As a rule, women should not marry men smaller than themselves, but we think Miss Annie excusable owing to the scarcity of material. At the birth of this baby six gallons of amniotic fluid were discharged. It weighed twenty-three and three fourths pounds; its height was thirty inches, breast measure, twenty-four inches; breech, twenty-seven inches; head, nineteen inches; foot, five and a half inches in length. The secundines, which were soon removed, weighed ten pounds. The mother was considerably exhausted, but is making a good recovery. Mrs. Bates, six years ago, gave birth to a dead child, in London, weighing eighteen pounds, and twenty-four inches in height. She was attended at that time by one of the celebrated obstetricians of that city, who encountered the same difficulty in delivery that Dr. Beach did. Mr. Bates is a handsome and well-formed man, of excellent constitution, and in these respects unlike most giants.

INFANT MORTALITY IN RUSSIA.—There is hardly a country in the world where infant mortality assumes more appalling dimensions than in Russia. This may easily be explained by the method in which new-born infants are commonly treated, so that it is a wonder how children survive. After birth, the baby is wrapped up in towels and left for several hours on the bed, till the bath-room has been thoroughly heated. (No cottage, be it ever so poor and miserable, is ever built without a bath-room, which is generally a draughty, miserable place.) Here the child is at last bathed in a most primitive way, and often either dies from cold or is scalded by the hot water. It is then brought back into the house, laid upon the stove (a large stove with a broad top is at once the bed and bedroom of the whole family); and immediately a dirty rag, containing brown bread, which has previously been chewed by the mother, is put into the child's mouth to be sucked. This bread being very sour, the acidity causes the mucous membrane of the child's mouth to

ulcerate, and produces microscopic fungi. This is considered as being quite normal by the relatives, who say simply, "The child is blooming;" and it is not put to the breast till this period of "blooming" is over. The screams of the infant are not attributed to pain, but to hunger; and accordingly its mouth is either stuffed with some porridge made of dried oat meal, or a few drops of water are simply poured down its throat. If the child has survived this treatment, it is put to the breast; but if it should not be able, either from too great bodily weakness or from the state of its buccal mucous membrane, to seize the nipple, it is taken away, and again the dirty rag or a horn is put into its mouth. This last primitive feeding-bottle consists of a cow's horn, over the pointed end of which is drawn a piece of the udder. This mouthpiece is changed generally twice a month. The milk (skimmed milk generally) is poured into the open end of the horn. It will be easily understood how tasteful this beverage is, if we add that the milk often turns sour, the udder decays, and flies fall into the horn. If the child persist in screaming, more oat-meal porridge is stuffed into its mouth. This sad state of things is not only found among the poorer class, where it might be excused, but even among wealthier classes—for example, merchants—where dirt and ignorance prevail to almost an incredible degree.—*British Med. Jour.*

MEDICAL EDUCATION.—What is really wanted, said Dr. Humphrey, toward the conclusion of his eloquent Hunterian oration, and what teachers and examiners must combine to promote, is, in the words of Democritus, one of the greatest thinkers of antiquity, "that we should strive not after fullness of knowledge, but fullness of understanding;" that is, that we should not so much strive after the refinements of chemistry, anatomy, and physiology, as after the fundamental facts and principles of those sciences, well welded together and well woven into the student's mind.—*Med. Press and Circular.*

THE CIMEX LECTULARIUS, OR BEDBUG.—We suppose we may expect this insect also soon to be trotted out again as a chill cure and emmenagogue, as a sort of companion-piece to the other medico-entomological items. The cimex is to be given to the number of five or six daily for ague. As an emmenagogue we have not learned the dose.

ALCOHOL.—Dr. Lauder Brunton, discussing how and when alcohol is useful, says, to a small class alcohol is a poison; the smallest amount sets them wild. There is a second class whom alcohol exhilarates and quickens for the time; such persons indulge in it at great risk. The great majority of persons under middle age do not need it, and as a rule, are better without it. In persons who are in the decline of life, however, and in the debilitated, alcohol is a powerful and beneficial remedy. Alcohol is given as a food and as a stimulant. It is a food, but is one which interferes with the oxydation of other foods in the body while it is being itself decomposed, and as a food it is only adapted to febrile conditions. As a stimulant it acts directly upon the heart, and reflexly upon the stomach, stimulating the circulation of the brain. After the first stimulus to the nervous system, the succeeding effect of alcohol is one of progressive paralysis. The higher centers suffer first, notably the judgment, and finally all succumb. Alcohol as a stimulant is useful occasionally to tide over a severe crisis, but its best effect is in rousing the system at the close of exhausting work.

PENSIONS TO MEDICAL MEN.—The law of Hungary grants a pension to the widows and a gratuity for the education of the children of medical men who have died from a contagious disease contracted in the discharge of their duty. This recognition of the services and dangers of our profession does honor to this foreign state. . . . In the case of medical men dying from contagious disease the circumstances are different. The physician who falls a victim to his devotion can not be compared to the functionary who dies on duty, or to the soldier who perishes in defence of his country, his family, and himself, for the devotion of the medical man is not prescribed by any law, but is alone imposed by his conscience and his love of humanity. But the *fonctionnaire's* and the soldier's family are taken care of by their country. Should not, then, the services of the physician be recognized?—*Med. Press and Circ.*

M. MAGNAN lately presented to the Société de Biologie, in Paris, the brain of a woman who had for some time suffered from aphasia. The brain contained a large glioma of the dura mater, which had penetrated deeply into the third cerebral convolution.—*British Med. Jour.*

OPTICAL DELUSION.—Take three differently-colored wafers—red, orange, and violet—place them upon a large piece of white paper, in a triangular form; hold the paper in a strong light, and fix the eyes upon the wafers, gazing on them steadily for two minutes; then turn them away from the wafers to a blank part of the paper, and you will see three spectral wafers, but the colors will be different; the red wafer will now be represented by a green one, the violet by a yellow, and the orange by a blue.—*The Young Scientist.*

A DISTINCTION.—The Yale College Medical School has graduated eight students. The School of Medicine of the University of Maryland graduated, on March 1st, fifty students. Bellevue Hospital Medical College conferred the M. D., February 28th, on one hundred and sixty-five young men.—*Medical and Surgical Reporter.*—[Were not they students also?—EDS.]

EFFECT OF ATTENTION UPON THE BODILY ORGANS.—A lady aged thirty-three suffered from gouty rheumatism. She is now much better, but still has occasional attacks of pain and swelling in the joints. She lately called my attention to the fact that if she converse about her ailments with any very sympathetic friend, she will actually see the arm or wrist swell and become painful. Yet she is not fanciful or weak-minded, but takes great interest in such observations.—*Dr. James Martin, in British Med. Jour.*

Selections.

Hot Water as a Hemostatic in Surgery.—Charles B. Keetley, F.R.C.S., Assistant Surgeon to the West London Hospital, in London Practitioner:

On July 3, 1878, at the West London Hospital, having amputated a thigh in the upper third, and there being a great deal of oozing from the stump, especially from a quantity of "nævoid" tissue which the knife had divided, I bathed it with cold water for a long time, but without stopping the bleeding. I suddenly drenched the stump with water of a temperature of 120°. All oozing stopped in a few seconds.

In epistaxis hot water is most effectual when the bleeding comes on during the morning ablution with cold water, or during the progress of a cold in the head. But it answers frequently in cases of traumatic origin. It should be combined with elevation of at least one hand above the head; but the combination is not essential. The water need only be applied freely to the face, need not be injected into the nostrils. The head should not be bowed down

over the basin more than is necessary. Upon two occasions when I injected hot water into the nostrils I dissolved a large teaspoonful of chlorate of potash in a tumbler of hot water, and injected the solution. The saline was used to prevent swelling of the mucous membrane, which so often follows contact with pure water, especially cold water. This hot saline solution stopped the epistaxis instantly. I must add that I have found the hot water powerless against epistaxis of a certain grade of severity, and against hemorrhage from any but quite small vessels.

How does hot water check hemorrhage? In the case of epistaxis I believe it acts almost entirely as a derivative. It relieves congestion of the bleeding mucous membrane. In very hot weather, when the warm local bathing threw the patient into a general perspiration, I have known cold water to succeed where hot water failed. But why the direct application of hot water should blanch mucous membranes and sometimes even the surface of wounds, and yet greatly dilate the vascular system in other cases, is difficult to explain. It is worthy of remark that the hands a few minutes after washing in hot water may often be observed to be paler than before. The last phenomenon is not altogether due to the removal of dirt. On the whole, the most plausible explanation of the hemostatic action of hot water is that its heat *when sufficient* acts as an excitant to the nerves of the muscular coats of the smaller vessels, and perhaps directly irritates the muscles themselves.

Hot water should be used in operative surgery. Surely there are few persons who, witnessing a large amputation of the thigh, for example, have not shuddered to think of the depressing effect upon the patient's vital powers of sponging after sponging of ice-cold water drenched over the wide surface of the flaps and stump. There is no class of operations which have so rapidly advanced in point of safety as the class of abdominal sections, and one of the chief precautions acknowledged to be desirable in that class is that the peritoneum shall be kept warm. When this precaution is neglected, it has been remarked that all the blood in the body becomes gradually lowered in temperature as successive portions flow through the exposed and refrigerated intestinal and mesenteric vessels. How much this must increase the depressant action of a serious operation is clear, and for similar reasons the surgeon ought not to chill a stump.—*Practitioner.*

Some Dutch Worms.—Dr. Kaatzer, of Visselhövede, relates, in the *Berl. Klin. Wochenschrift*, the case of a farm-servant who came to him complaining of deafness, fullness, and at times severe piercing pains in his left ear; the external auditory meatus was found filled with a wriggling mass of worms, the brood of the common blue-bottle fly. Dr. Kaatzer endeavored to remove them by syringing the passage with tepid soapy and carbolic water, besides blowing tobacco-smoke for some time into the cavity and dropping in chloroform; syringing was still unsuccessful. With the other instrumental means Dr. K. had at hand he also failed; but before dismissing the patient to return next morning, he bound a slice of Dutch cheese over the outer opening of the external auditory meatus, which was to remain until the patient returned. The patient had a good night, and his curiosity tempting him to see the cause of that, he removed the bandage and the cheese on getting out of bed; and finding the worms in the cheese he threw the whole away before returning to Dr. Kaat-

zer to report himself cured. Dr. Kaatzer found it impossible to remove the worms with the ordinary forceps without the assistance of reflected light, and wisely desisted from persevering in an attempt where much harm is often done by working in the dark. The larvæ, on being touched with the forceps, retreated to the bottom of the meatus, and took a firmer and more painful hold of its walls and floor.—*Edinburgh Med. Jour.*

Anæsthetic for Children.—With a large experience in the use of chloroform as an anæsthetic, Prof. Demme arrives at the conclusion to prefer it over all others as an anæsthetic for children. He says its action is quicker and more reliable, and in no way more dangerous than that of the others. In thirty-two cases he produced anæsthesia with ether, and among these cases there were eight in which dangerous symptoms occurred which made it necessary to employ energetic means to revive the little patients. Prof. D. complains especially of the long duration of the stage of excitement and of the severe emesis which frequently took place during or after the administration of ether. He also mentions many instances in which bronchitis and a few in which disturbances of the bowels followed the use of ether. Bichloride of methylene had been employed in twenty-eight cases. The children took it better than either chloroform or ether; none of the unpleasant complications of ether narcosis were observed, but profound anæsthesia, such as is frequently required, could not be produced by it. The chloride of ethylen, highly recommended as a safe anæsthetic by Dr. Liebrich, was used in twenty cases. While under its influence a child of eighteen months had a sudden and severe attack of asphyxia, which made it necessary to resort to the use of artificial respiration.—*Paul H. Kretschmar; Hospital Gazette.*

Chloral as a Local Revulsive.—Dr. Peyraud describes the local action of chloral in an article in the *Bulletin de Thérapeutique*. In the case of a patient to whom he applied chloral on cotton wool to the temple for the relief of neuralgia, a burn of the third degree was formed in thirty or forty minutes. Dr. Peyraud then mixed chloral with gum tragacanth, spread it on paper, and applied it to his own arm. In twelve hours a blister was formed, without any pain; the same result was found in several patients to whom the chloralized paper was applied. The absence of pain depends upon the chloral being mixed as above; if applied in powder, strewed on plaster or cotton wool, it produces painful burning. The blister does not rise until the chloral plaster has been removed for an hour or more. Dr. Peyraud also observed evidence that the chloral was absorbed by the skin. After the application several of the patients fell into a deep sleep, and the same occurred to Dr. Peyraud himself when the surface to which the chloral was applied was external. This hypnotic effect often precedes the revulsive action. The blisters are less distinct the more concentrated the application is; the vassification is less constant than that produced by cantharides. The suppuration lasts about five or seven days.—*London Medical Record.*

Varnish for Stained Woods.—A solution of four ounces of sandarac, one ounce gum mastic, and four ounces shellac, in one pound of alcohol, to which two ounces oil of turpentine is added, can be recommended as a varnish over stained woods.

The Action of Pituri on Man.—This interesting drug is derived from *Duboisia Hopwoodii*, and belongs to the order Solanaceæ, but differs strangely from the other medicinal plants derived from this family. This solanaceous plant, pituri, produces faintness, pallor, giddiness, tremor, hurried and superficial breathing, increased frequency of pulse, perspiration; in larger doses, salivation, drowsiness, convulsive twitchings, spasmodic rigidity of the extremities. In small doses, internally administered, it contracts, in large it widely dilates the pupils; locally applied, it contracts and then widely dilates the pupils. It antagonizes the action of pilocarpine and muscarin on the frog's heart. While retaining many of the properties of solanaceous plants, pituri differs in some striking particulars. Like atropia, hyoscyamia, daturine, and duboisia, it produces general weakness and drowsiness, dilates the pupil, increases the frequency of the pulse, quickens the respiration, and antagonizes the action of muscarin on the heart; but it differs from these alkaloids in producing salivation and increased secretion from the skin, in this respect corresponding to muscarin and pilocarpine, with which substances it is further allied, for muscarin produces giddiness, fainting, prostration, stupor, breathlessness. Internally given it contracts the pupil; applied locally to the eye it dilates the pupil; while like pilocarpine, it produces muscular trembling and accelerated pulse. It was hypodermically given in one-eighth to one-tenth-gr. doses.—*Ext. from Sydney Ringer, M.D., in London Lancet.*

Intermittent Diphtheria.—In the Journal of February 8th the case recorded by Dr. Beeby, of diphtheria of an intermittent type, is of special interest to me, as I have had a very similar case under my care. The first patches of membrane appeared on the anterior pillars of the fauces, and were attended by considerable constitutional disturbance. On the third day the patches had entirely disappeared and the child was apparently well; but on the fourth day he became very feverish again, and had a fairly-sized diphtheritic patch on his left tonsil. In a day or so this was quite well, and he was running about again apparently well. But again, on the eighth day, he was laid down, this time owing to a deposit on the posterior pillars of the fauces. After this last attack he made a good recovery.—*Mr. Charles Green, in British Medical Journal.*

A New Method of Sterilization of Women.—This is the subject of an extraordinary paper in *Centralblatt für Gynäkologie*, by Dr. J. Kocks, in Bonn. The method proposed is intended for cases where it is urgently necessary that a woman should not become pregnant, as when she suffers from extreme pelvic contraction, severe cardiac, pulmonary, or renal disease, and consists in the introduction into the cavity of the uterus of a galvanocautic apparatus, in the form of a copper uterine sound, provided with a platinum point. The point of the instrument is then made to approach the neighborhood of the inner end of first one and then another of the fallopian tubes, and, the current being closed, its point is thereby rendered incandescent, and made to produce such an amount of cauterization of tissue as shall obliterate the tubes entirely at their junction with the uterus. The author reports one case in which he operated, the patient being a sufferer from phthisis. He states that the pain was slight, and the entire operation was completed in a few minutes. The incan-

descent point was allowed to remain applied on the one side of the uterus for forty-five seconds, and on the other for one minute. There was slight uterine colic after the operation, and for a few days some brownish discharge. The author likewise asserts that completely accurate adaptation between the inner opening of the tube and the point of the sound is not necessary, as it is sufficient to be near it, the cauterization extending to the depth of at least a centimeter.—*Edinburgh Med. Jour.*

Obliteration of Varicose Veins.—M. Davat describes again in the *Bulletins de la Société de Chirurgie* (meeting of 11th September, 1878), the method employed by him for obtaining the permanent occlusion of varicose veins, and supports it with the record of seventy-three cases thus treated with one death. He ascribes the death in the fatal case to unnecessary and accidental puncture of the vein. The method is as follows: the point of a pin or needle is entered vertically through the skin close to the side of the vein, carried beneath it, and brought out through the skin on the opposite side of the vein at a point corresponding to that at which it entered. The pin is then raised so as to allow a second pin to be passed at right angles to and beneath the center of the first, perforating the wall of the vein at four points. The operation is completed by placing a figure-of-eight suture rather tightly about the projecting ends of the pins. The pins should be removed after the fourth and before the seventh day. M. Davat prefers steel needles one inch long, one millimeter thick, flattened and slightly curved at the point.—*Archives of Med.*

Herpes Zoster, Affecting the Inside of the Cheek and Tonsil.—A lady developed shingles on the left side of the body, the zoster dorso-pectoralis of Hebra; this was dying away under the ordinary tonic treatment combined with arsenic, when, one morning, I discovered her face on the left side much swollen, as if from gum-boil or alveolar abscess; but on looking into the mouth I found a well-developed crop of vesicles of zoster, occupying part of the inner side of the cheek; they exactly resembled the vesicles on the chest and back, except in color, which would naturally be the case from their change of locale; they were collected, as in the outward eruption, in a racemose patch. Three days subsequently the patient asked me to look at her throat, which she complained of as sore; and here, on the left tonsil, I found another patch of vesicles, in size and shape identical, but less in number than those in the cheek, the vesicles in either case dying away at the same time; the pain was similar exactly to that felt on the chest and back. Hebra gives a list of seven different localities in which herpes zoster is found, but I can not find in his work, or any other to which I have access, any allusion to herpes in this situation.—*Mr. John Ingleby-Mackenzie, in British Med. Jour.*

To Make Corks Air-tight and Water-tight.—A German chemical journal commends the use of paraffine as the best method of making porous corks gas-tight and water-tight. Allow the corks to remain for about five minutes beneath the surface of melted paraffine in a suitable vessel, the corks being held down either by a perforated lid, wire screen, or similar device. Corks thus prepared can be easily cut and bored, have a perfectly smooth exterior, may be introduced and removed from the neck of a flask with ease, and make a perfect seal.